

CLAIMS ONLY							Application Number <i>1017600230</i>	Filing Date		
							Applicant(s)			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51			
2	/						52			
3	/						53			
4	/						54			
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7	/						57			
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40	/						90			
41	/						91			
42	/						92			
43	/						93			
44	/						94			
45	/						95			
46	/						96			
47	/						97			
48	/						98			
49	/						99			
50	/						100			
Total Indep	/						Total Indep			
Total Depend	41						Total Depend			
Total Claims	42						Total Claims			